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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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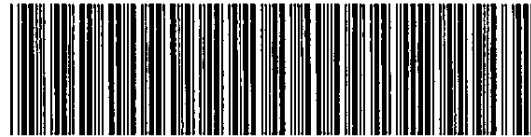
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

To Your Doorstep, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Isabel LLuesma

Name of Person

Firm/Company

18331 Pines Blvd # 274

Address

Ambrose Pines Fl 33029

City/State and Zip Code

maria.i.lluesma@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Isabel LLuesma at (954) 240-6383

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

To Your Doorstep, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/6/13 and assigned
Florida document number L13000111303.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

18331 Pines Blvd #274
Pembroke Pines Fl. 33029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18331 Pines Blvd #274
Pembroke Pines Fl. 33029

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Maria Isabel Llubera

New Registered Office Address:

18331 Pines Blvd #274

Enter Florida street address

Pembroke Pines

Florida

City

33029
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Maria Isabel Llubera
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan C. Bocerra	19035 SW 25 Ct	<input type="checkbox"/> Add
		Miramar Fl. 33029	<input checked="" type="checkbox"/> Remove
MGR	Maria I. Lluerna	18331 Pines Blvd #274	<input checked="" type="checkbox"/> Add
		Pembroke Pines Fl. 33029	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

SEC. OF STATE
TALLAHASSEE
FLORIDA

18 SEP 20

AM 11:35

ADD
REMOVE
ADD
REMOVE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

9/16, 2013

Signature of a member or authorized representative of a member

Juan C. Becerra

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA